**CHAPTER 2. MEDICAL CARE AND SUPPORT EQUIPMENT (MEDCASE) PROGRAM /
SUPER CAPITAL EXPENSE EQUIPMENT PROGRAM (SUPERCEEP)**

2-1. INTRODUCTION

The MEDCASE/SuperCEEP Programs centrally fund the capital investment equipment
required to support Army healthcare activities at fixed MTFs throughout the world.
Equipment requirements originate at the activity level and are centrally generated by the
TARA team. Requirements generated at the MTF are reviewed and approved at the activity,
the RMC, the USAMMA, and the AMEDD consultants to The Surgeon General (TSG).
Approved and disapproved requirements are recorded in the AMEDD central database (the
[WebMRE] system) maintained by the USAMMA. The USAMMA receives MEDCASE/
SuperCEEP funds from the USAMEDCOM that are managed and controlled in the WebMRE
system for participating RMCs and Major Subordinate Commands (MSCs). To review the
entire MEDCASE/SuperCEEP program, refer to the *SB-8-75-MEDCASE* which is on the
USAMMA website at: **http://www.usamma.army.mil/**. From the menu, select
"Reference," then "Supply Bulletin *SB 8-75 Series*."

2-2. THE MEDCASE/SuperCEEP PROCESS

        a. All MEDCASE/SuperCEEP diagnostic imaging and radiotherapy equipment
requirements $100,000 and greater, regardless of Budget Line Item Code (BLIC), are
centrally managed by the USAMEDCOM. The USAMMA Technology Planning Division
(MMO-AT), is responsible for the coordination of this program. This ensures consistency
of application and compliance with AMEDD strategic plans.

        b. At the direction of the USAMEDCOM, the MMO-AT has developed and implemented
a process to centrally generate MEDCASE/SuperCEEP requirements identified during a TARA
visit. Using the data collected from site visits and MEDCASE/SuperCEEP program
requirements (see Figures 2-1 through 2-3 for MEDCASE/SuperCEEP process), the TARA
team has constructed a database to assist in providing guidance for approving future
MEDCASE/ SuperCEEP requests. Information from the TARA database is used to front-load
MEDCASE/SuperCEEP requirements in the WebMRE for routine replacement of diagnostic
imaging systems. This reduces clinician and logistician administrative workload and
eliminates duplication of effort. The USAMMA generates the requirements documentation for
the MTF, based on TARA recommendations. As a result, the MTF does not have to generate a
DA Form 5027-R (MEDCASE Program Requirement [MPR]) or have to generate a DA Form
5028-R (MEDCASE Support and Transmittal Form).

        (1) These requirements have an asset control number (ACN) with a 900-series
sequence number assigned by the USAMMA. The WebMRE system is preloaded with these
requirements and initially has an approved code of 5M with Project Code of TAR (TAR refers
to any requirement generated by the TARA team).

        (2) The USAMMA MMO-AT prepares the MEDCASE/SuperCEEP transmittal
outlining those requirements identified during the last TARA visit, and sends the transmittal
through the MTF and the RMC for staffing and concurrence purposes. At this time, the
approval code is changed to 4T. The RMCs and MTFs should follow their own internal review
procedures (Chiefs of Medical Maintenance, Facilities, Logistics, and Radiology; the Deputy
Chief for Administration [DCA]; and Commander) in determining whether or not to concur

with the requirement. After the MTF and the RMC make the decision to concur or non-concur, the RMC MEDCASE/SuperCEEP manager must return the documentation showing concurrence or non-concurrence to the USAMMA. The activity MEDCASE/SuperCEEP manager establishes the requirement in the Defense Medical Logistics Support System (DMLSS) when the TARA transmittal is received. On receipt of concurrence from RMC and MTF, the USAMMA MMO-AT converts the requirement to approved 1A status in the WebMRE system.
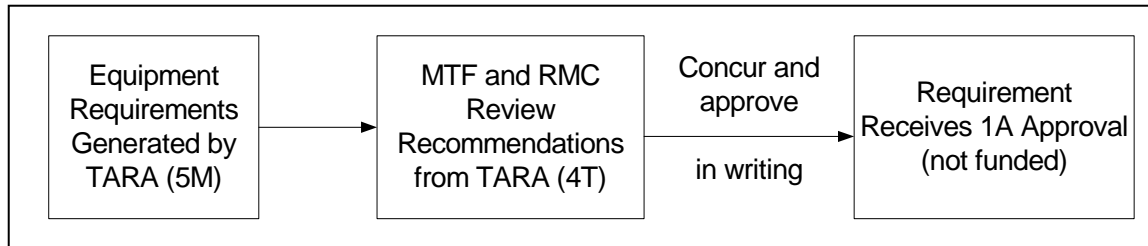
Figure 2-1. Centrally generated MEDCASE/SuperCEEP Program requirements and process (Continued in Figure 2-3).
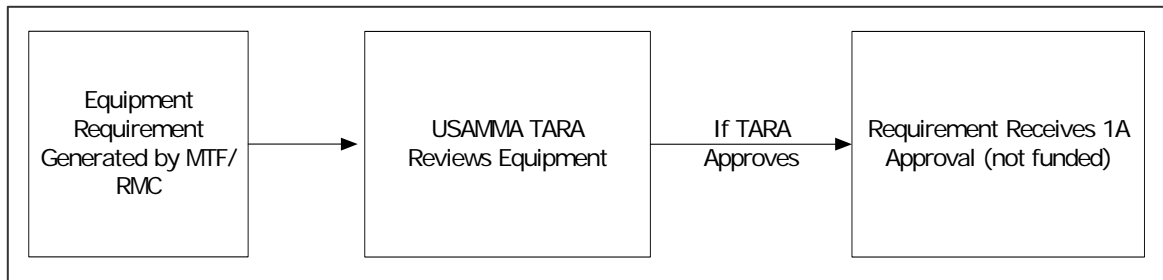
Figure 2-2. MTF generated MEDCASE/SuperCEEP Program requirements and process (Continued in Figure 2-3).
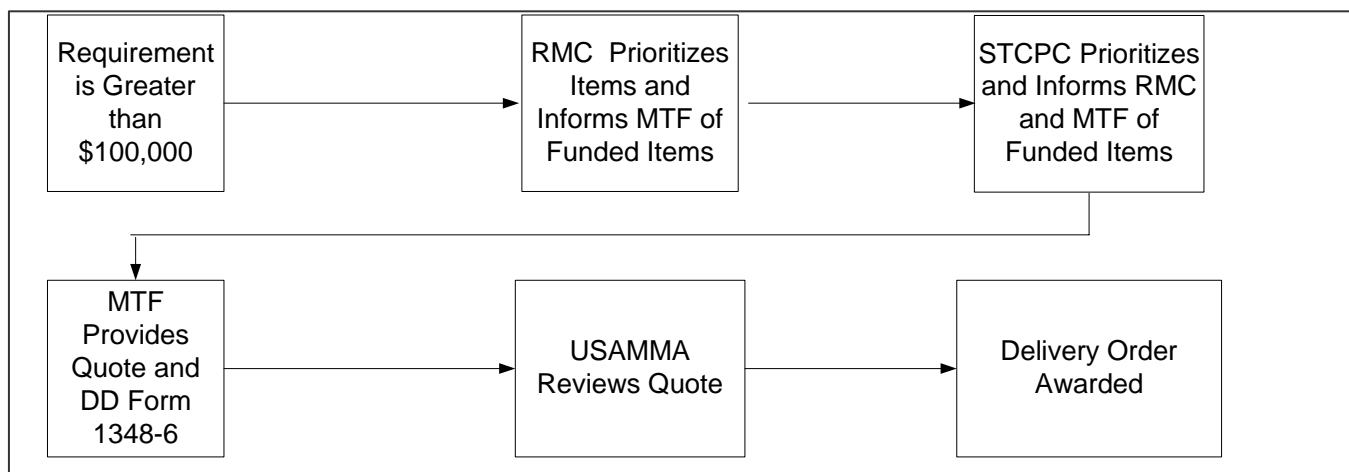
Figure 2-3. Flowchart of the funding process for 1A-approved requirements.

(3) The 1A requirement in the WebMRE database validates the requirement but does not signify that the requirement is funded. These requirements are used to support

the AMEDD's equipment funding budget in the coming fiscal years (FYs). Neither centrally-generated requirements nor MTF-generated requirements receive priority for funding; both are reviewed equally by USAMEDCOM.

      (4) BLIC UR funding is allocated from USAMEDCOM at two levels:

         (a) MEDCASE requirements (greater than $250,000)
         (b) SuperCEEP requirements (those between $100,000 and $249,999).

The USAMEDCOM is responsible for funding all items.

      (5) Once the equipment is funded, the MTF must submit to the USAMMA MMO-AT for final approval DD Form 1348-6 (DOD Single Line Item Requisition System Document), a valid vendor quote for the system of choice (determined by the site unless a central group buy is directed by USAMEDCOM), and site-prep worksheet with statement of work (SOW) if applicable. Once the USAMMA concurs with the quoted system, MMO-AT sends the requisition package to the Defense Supply Center Philadelphia (DSCP) or U.S. Army Medical Research Acquisition Activity (USAMRAA) for purchase.

2-3. MTF-GENERATED MEDCASE PROGRAM REQUIREMENT

      a. MTFs may continue to generate and submit requirements at their discretion. In addition, MPRs submitted for changing mission requirements or expanded business opportunities still require the facility to submit a MEDCASE/SuperCeep requirement. The process for MTF-generated MPRs has not changed; see *SB 8-75-MEDCASE*.

      b. The justification must include, at a minimum, the following information:

      (1) What is the item requested to be used for?
      (2) Why is the item needed?
      (3) How will the item be used with other equipment?
      (4) What are the advantages of the requested item compared with equipment currently in use or available?
      (5) Why are these advantages needed?
      (6) Have specific details been presented regarding cost-benefits, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors that may be relevant?
      (7) What will be the impact upon mission accomplishment if the requested item is not acquired?
      (8) Is the anticipated workload provided?
      (9) Has consideration been given to the use of available excess assets to satisfy this requirement?

2-4. USAMMA MEDCASE/SuperCEEP MANAGER POC

      a. POC is as follows:

        USAMMA
        ATTN: MCMR-MMO-AT
        1423 Sultan Drive, Suite 100
        Fort Detrick MD 21702-5001

Telephone for both CONUS and OCONUS activities is DSN 343-6984, commercial 301-619-6984. Telefax number is DSN 343-4480, commercial 301-619-4480.

     b. A checklist for the MTF MEDCASE/SuperCEEP manager is shown in Figure 2-4.

Task	Task Completed
1. Wait for Central MEDCASE/SuperCEEP Requirements transmittal from the USAMMA for TARA identified requirements	
2. Route through MTF for signatures	
a. Chief, Department of Radiology	
b. Chief, Medical Maintenance	
c. Chief, Facilities	
d. Chief, Logistics	
e. Others required by MTF	
f. DCA (if required)	
g. Commander	
3. Send to RMC for concurrence	
4. RMC should concur/non-concur and forward copy to USAMMA and MTF	
5. Await funding	
6. Once funded, send quote and DD Form 1348-6 to the USAMMA for diagnostic imaging equipment	
7. Await system	

Figure 2-4. Checklist for MEDCASE/SuperCEEP Manager